	Index the Paucrw	ork Reduction Act	of 1993, no pe	rsons are re	ouired to re	U. S. Pate spond to a collect	in ard Tra Oni lono	Approv Jernari Imatio	ed for use thre ( Office; U.S. n unless it dist	PACIFIC PACIFIC PACIFIC	/3 (/2002, ()) RTMENT ()F valid OMB co	413 0651-003 COMMERC ntrol number	
		PPLICATIO						^6	plication or	Docke	t Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OR SMALL ENTITY					
FOR	<del> </del>	NUME	NUMBER FILED			NUMBER EXTRA			FEB		RATE	FEE	
	SIC FEE								s	OR		s <b>770</b>	
TOT	AL CLAIMS CPR I.N(c))		minus 20 -		. 0		x \$_			OR	x\$=		
	EPENDENT CLA	UMS	mlnus 3 =		. 0		× _	•		OR	x=		
MULTIPLE DEPENDENT CLAIM PRESENT (17 CFR 1.1441)								_•		OR	·=		
o If the difference in column 1 is less then zero, enter "O" in column 2										OR	TOTAL	770	
CLAIMS AS AMENDED - PART II (Column 2) (Column 2) (Column 2)							SM	ALL I	ENTITY	OR	OTHER T		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	EST BER JUSLY	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADUI- TIONAL FEE	
	Total O7 CFR 1.16(e)	. 10	Minus		20	- 0	x s_			OR	x \$		
9	Independent	•	Minus	• * •	3.	- 0		=		OR OR	x		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17CFR LINU)									1			
							┚╚	TAL		OR OR	TOTAL	0	
(Column 1) (Column 2) (Column 3)							ADDIT.	FEE	<u> </u>		DDIT. FEB		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	BER OUSLY	PRESENT EXTRA	∏ R∕	TE	ADDI- TIONAL FEE		RATE	addi- Tional Fee	
	Total (37 CFR 1.140c)	• 11	Minus	. 3	20	<b>-</b> 0	1.5_	=		OR OR	x S	0	
	Independent (2) (7) (1)(6)	4	Missus	•••	3	- 1		=		OR	×209-	200	
⋖	FIRST PRES	ENTATION OF R	ULTIPLE DE	PENDENT	CLAIM	COT CTA T. EMILES	1.			OR	+		
(Catama 1) 2 - 2 / Cathan 2) (Cotuma 3)								OTAL PEE		OR	TOTAL DDIT. PEE	200	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH	EST BER DUSLY	PRESENT EXTRA	R	\TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total Of CFR (Jacon	.//	Minus	** /	20	- /	1 2.5			OR	x S =		
	Independent 07 CFR 1.16(hp	• /	Minus	•••	3	-/				OR OR	x		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR (.1860)						-		1	OR	·		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OFAL r. Feb		OR	TOTAL DDIT. FEB		
)] •••	The "Highest No the "Highest Nor	mber Previously Pr uber Previously Pr	id For IN TH	IS SPACE I	less than 3	10, enter "20".					WDI 1. FEB		

Busion Hoss Statement: This form is estimated to take 0.2 hours to complete. This wall vary depending upon the sects of the malividual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.